

**YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE IF YOU WISH TO
JOIN THE LAWSUIT**


CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is **SHANDRIKA JONES** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **6/2015** (month, year) to on or about **03/20** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Shandrika Jones		10/12/2021
Full Name (Print clearly)	Signature	Date
3329 Camelia St	Zachary Louisiana 70791	
Address	City/State/Zip	
(225) 505-7052	mmjones01@gmail.com	
Telephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

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P.O. Box 26170
Santa Ana, CA 92799

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CONSENT TO JOIN

My name is **BARRY FAIR** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **5/15/2018** (month, year) to on or about **08/2019** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Barry Fair  10/12/2021

Full Name (Print clearly)

Signature

Date

16300 West Nine Mile Road Apt 824

Southfield Michigan 48075

Address

City/State/Zip

(313) 662-8027

flexwaytransportation@outlook.com

Telephone Number

Email Address

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CONSENT TO JOIN

My name is **NITCHI LYONS** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **07/13/2015** (month, year) to on or about **9/12/2021** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Nitchi Lyons</u>	<u>Nitchi Lyons</u>	<u>10/13/2021</u>
Full Name (Print clearly)	Signature	Date
<u>301 S Hill Dr</u>	<u>Waxahachie Texas 75165</u>	
Address	City/State/Zip	
<u>(214) 584-7266</u>	<u>lyonsnitchi@gmail.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is **DEONNA POWELL** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **08/01/2020** (month, year) to on or about **11/30/2020** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Deonna Powell	Deonna Powell	10/13/2021
Full Name (Print clearly)	Signature	Date
4941 Magellan Ave	Dayton OH 45426	
Address	City/State/Zip	
(937) 203-6933	inspiredbylove2020@gmail.com	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is **WILLIE BRITT** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **05/2018** (month, year) to on or about **11/2018** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Willie Britt</u>	<u>Willie Britt</u>	<u>10/13/2021</u>
Full Name (Print clearly)	Signature	Date
<u>353 Camak Rd</u>	<u>Warrenton Georgia 30828</u>	
Address	City/State/Zip	
<u>(706) 832-8484</u>	<u>thnewpeachcity@gmail.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is **SADIQUE JONES** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **6/2015** (month, year) to on or about **03/20** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Sadique Jones</u>		<u>10/12/2021</u>
Full Name (Print clearly)	Signature	Date
<u>3329 Camelia St</u>	<u>Zachary Lousiiana 70791</u>	
Address	City/State/Zip	
<u>(225) 505-7027</u>	<u>sadique_jone@yahoo.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is **CHATERRELL IVEY** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **05/2018** (month, year) to on or about **11/2018** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Chaterrell Cathina Ivey Chaterrell Cathina Ivey 10/13/2021

Full Name (Print clearly)

Signature

Date

353 Camak Rd Warrenton Georgia 30828

Address

City/State/Zip

(706) 914-9386 thenewpeachcity@gmail.com

Telephone Number

Email Address

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CONSENT TO JOIN

My name is **CIARA LINDON** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **3/2016** (month, year) to on or about **03/2020** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Ciara Lindon</u>		<u>10/12/2021</u>
Full Name (Print clearly)	Signature	Date
<u>3329 Camelia St</u>	<u>Zachary Louisiana 70791</u>	
Address	City/State/Zip	
<u>(225) 301-5997</u>	<u>ciara.arielle19@gmail.com</u>	
Telephone Number	Email Address	

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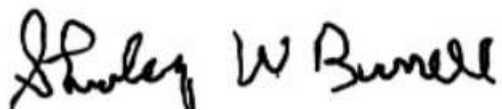
CONSENT TO JOIN CLAIM FORM

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CONSENT TO JOIN

My name is **SHIRLEY BURRELL** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **6/2015** (month, year) to on or about **03/2020** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Shirley Burrell		10/12/2021
Full Name (Print clearly)	Signature	Date
3329 Camelia St	Zachary Louisiana 70791	
Address	City/State/Zip	
(225) 505-7027	mmjones01@gmail.com	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is **PATRICIA ROUSE** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **06/16/2016** (month, year) to on or about **12/2020** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:


PatriciaRouse 10/15/2021

Full Name (Print clearly)

Signature

Date

2634 Whirlway Ave

Florence South Carolina 29505

Address

City/State/Zip

(843) 453-8165

perfectlovetransport@gmail.com

Telephone Number

Email Address

You must submit this form no later than January 3, 2022, to:

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CONSENT TO JOIN

My name is **MARLA PRATT** (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about **11/2012** (month, year) to on or about **08/2019** (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Marla Pratt Marla Pratt 10/16/2021

Full Name (Print clearly) **Signature** **Date**

7007 E Gold Dust Ave Apt 2049 Paradise Valley Arizona 85253

Address **City/State/Zip**

(313) 693-6443 limelifeentllc@yahoo.com

Telephone Number **Email Address**

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CONSENT TO JOIN

My name is Reginald Wingfield (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about January, 2015 (month, year) to on or about June, 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Reginald Wingfield</u>	<u>R. Wingfield</u>	<u>10-6-21</u>
Full Name (Print clearly)	Signature	Date
<u>283 Rhodes Dr.</u>	<u>Athens/GA/30677</u>	
Address	City/State/Zip	
<u>706-410-3640</u>	<u>MistaWingfield@gmail.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is Ladonna Veira (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about July, 2014 (month, year) to on or about January, 2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Ladonna Veira

[Signature]

Full Name (Print clearly)

Signature

Date

1801 Manhattan Blvd J345 Harvey, LA 70058

Address

City/State/Zip

504 919 3990

Telephone Number

positive deeds transportation@gmail.com

Email Address

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Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Tyler Verhoeven (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 9-1-20 (month, year) to on or about 5-14-21 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Tyler Bruce Verhoeven [Signature] 10-7-21
Full Name (Print clearly) Signature Date

14497 S Oklahoma Blvd Glenpool OK 74033
Address City/State/Zip

775-741-1852 SequoiaCareMobility@gmail.com
Telephone Number Email Address

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CONSENT TO JOIN

My name is TERESA K. WARBLE - SWIHART (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about JUNE 1, 2018 (month, year) to on or about MOVING FORWARD (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

TERESA K. WARBLE - SWIHART Teresa K. Swihart 10-5-21
Full Name (Print clearly) Signature Date

1110 GARFIELD ST MCMECHEN WV 26040
Address City/State/Zip

304-830-2468 hometown4864@gmail.com
Telephone Number Email Address

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CONSENT TO JOIN

My name is JOHNNY WALKER (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about MAY 2018 (month, year) to on or about OCT 2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

JOHNNY WALKER Johnny Walker 10-18-21
Full Name (Print clearly) Signature Date

1632 Kent Street DALLAS TEXAS 75203
Address City/State/Zip

(414) 305-0324 J.W. TRANSPORTATION@GMAIL.COM
Telephone Number Email Address

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CONSENT TO JOIN

My name is NANCY WALKER (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about JUNE 2018 (month, year) to on or about JULY 2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

NANCY WALKER Nancy E. Walker 10-18-21
Full Name (Print clearly) Signature Date

1632 Kent St. DALLAS TEXAS 75203
Address City/State/Zip

(414) 305-0324 J.W. TRANSPORTATION@gmail.com
Telephone Number Email Address

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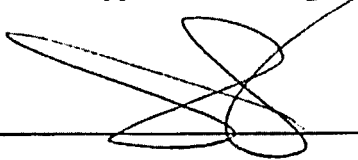
CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Jeff Jaklitsch (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 6-1-2020 (month, year) to on or about Current (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Jeff Jaklitsch</u>		<u>10-13-2021</u>
Full Name (Print clearly)	Signature	Date
<u>50 Baker Blvd Ste 6A</u>	<u>Fairfax</u>	<u>0410 44333</u>
Address	City/State/Zip	
<u>330 869 6344</u>	<u>Jeff@accessable.com</u>	
Telephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation
P.O. Box 26170
Santa Ana, CA 92799

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CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Rose Hitched (print name), I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about Nov. 2019 (month, year) to on or about Nov. 2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Rose Etha Hitched Rose Etha Hitched 10-15-2021

Full Name (Print clearly)

Signature

Date

170 Pearl Martha Road Greensburg LA 70441

Address

City/State/Zip

225 380 6084 rose.hitched@yahoo.com

Telephone Number

Email Address

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P.O. Box 26170
Santa Ana, CA 92799

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CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Mike S Safi (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10-15-19 (month, year) to on or about 2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Mike S Safi [Signature] 10/8/2021
Full Name (Print clearly) Signature Date

1565 Coulston St 7 San Bernardino Ca 92408
Address City/State/Zip

951 489-7293 Bmikesafi@aol.com
Telephone Number Email Address

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CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Abdelkram Abdallah (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10-17 (month, year) to on or about 4-2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Abdelkram abdallah</u>	<u>10/8/2021</u>	
Full Name (Print clearly)	Signature	Date
<u>1565 Coulston St 7</u>	<u>San Bernardino Ca 92405</u>	
Address	City/State/Zip	
<u>951 489-7293</u>	<u>BmikeSah@AOL.com</u>	
Telephone Number	Email Address	

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